

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Dennis Brown For Supervisor

**IMPORTANT:** Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Dennis Brown

Political Party (if applicable)

Independent

Office Sought

Supervisor

District (if Senate or House)

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

[Signature]  
SIGNATURE OF PERSON FILING REPORT

641-346-2271  
TELEPHONE

10-14-2010  
DATE SIGNED

I AM FILING A 10-14-2010 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.  
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

11-2-2010

County & Local Committees, enter County in which Election is held

Union

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

2,380.00

Schedule F: Loans Received total (Attach Schedule F)

00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

2,380.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

250.00

Schedule F: Loan Repayments total (Attach Schedule F)

00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

2,130.00

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

00

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

00

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Dennis Brown For Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/4/10	ID# CK# 1001	Creston News Advertiser P.O. Box 126 Creston, IA 50801	Ad's	\$ 250 <sup>00</sup>
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 250 <sup>00</sup>

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Dennis Brown for Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9/8/10	ID# (CK#)	Monte Ide 1815 240th St Shannon City, IA 50861		\$100 <sup>00</sup>	<input checked="" type="checkbox"/>
9/28/10	ID# (CK#)	Annette Rice 1100 N. Sycamore St. Creston, IA 50801		50 <sup>00</sup>	<input type="checkbox"/>
9/28/10	ID# (CK#)	James McGrath 509 E Kansas Afton, IA 50830		50 <sup>00</sup>	<input type="checkbox"/>
9/28/10	ID# (CK#)	Randy Ehm 2237 245th St. Afton, IA 50830		100 <sup>00</sup>	<input checked="" type="checkbox"/>
9/28/10	ID# (CK#)	Edwin Ehm 2441 Minnow Ave Afton, IA 50830		100 <sup>00</sup>	<input type="checkbox"/>
9/30/10	ID# (CK#)	Dwayne Hennrich 2025 Velvet Ave Thayer, IA 50254		50 <sup>00</sup>	<input type="checkbox"/>
9/30/10	ID# CK# Cash	Larone Anderson 1663 150th St. Creston, IA 50801		20 <sup>00</sup>	<input type="checkbox"/>
9/30/10	ID# CK# Cash	Bob Hundley 1214 N. Poplar St. Creston, IA 50801		25 <sup>00</sup>	<input type="checkbox"/>
9/30/10	ID# (CK#)	Roger Moore 1155 260th St. Creston, IA 50801		25 <sup>00</sup>	<input type="checkbox"/>
9/30/10	ID# (CK#)	James Francis 2376 Cherry St. Rd. Creston, IA 50801		50 <sup>00</sup>	<input type="checkbox"/>

SUB-TOTAL

\$570<sup>00</sup>

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Dennis Brown for Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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9/30/10	ID# (CK#)	Wayne Carlson 2270 195th St. Afton, IA 50830		\$100 <sup>00</sup>	<input checked="" type="checkbox"/>
9/30/10	ID# (CK#)	Ted Ide 2295 Pole Rd Creston, IA 50801		100 <sup>00</sup>	<input checked="" type="checkbox"/>
9/30/10	ID# (CK#)	Dale Eklund 2006 205th St. Afton, IA 50830		100 <sup>00</sup>	<input checked="" type="checkbox"/>
9/30/10	ID# (CK#)	Douglas Miller 1301 Smith St. Creston, IA 50801		200 <sup>00</sup>	<input checked="" type="checkbox"/>
10/1/10	ID# (CK#)	Shirley Ide 205 S. Park St. Creston, IA 50801		50 <sup>00</sup>	<input checked="" type="checkbox"/>
10/1/10	ID# (CK#)	James Nelson 2380 Jaeger Ave. Shannon City, IA 50861		100 <sup>00</sup>	<input checked="" type="checkbox"/>
10/1/10	ID# (CK#)	Gary Clear 701 E. Filmore St. Afton, IA 50830		20 <sup>00</sup>	<input checked="" type="checkbox"/>
10/3/10	ID# (CK#)	Sean Richardson 804 Quiet Harbor Rd Creston, IA 50801		25 <sup>00</sup>	<input checked="" type="checkbox"/>
10/3/10	ID# (CK#)	Bill Fastenow 1667 Summit Bay Dr. Creston, IA 50801		20 <sup>00</sup>	<input checked="" type="checkbox"/>
10/3/10	ID# (CK#)	Malcom Amos 100 S. Douglas St. Afton, IA 50830		50 <sup>00</sup>	<input checked="" type="checkbox"/>

SUB-TOTAL

\$765<sup>00</sup>

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTS

☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Dennis Brown for Supervisor

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10/3/10	ID# (CK#)	Sharon Eklund 2240 Kingfisher Ave. Afton, IA 50830		\$ 50 <sup>00</sup>	<input checked="" type="checkbox"/>
10/3/10	ID# (CK#)	Mike Long 610 S. Park St. Creston, IA 50801		50 <sup>00</sup>	<input checked="" type="checkbox"/>
10/3/10	ID# (CK#)	Mona Quee 2306 190th St. Afton, IA 50830		25 <sup>00</sup>	<input checked="" type="checkbox"/>
10/3/10	ID# (CK#)	Jeann Kause 2234 205th St. Afton, IA 50830		35 <sup>00</sup>	<input checked="" type="checkbox"/>
10/3/10	ID# (CK#)	Bonnie Johnson 1729 Ryan Dr. Creston, IA 50801		40 <sup>00</sup>	<input checked="" type="checkbox"/>
10/3/10	ID# (CK#)	Bill Magers 1003 N. Mulberry St. Creston, IA 50801		20 <sup>00</sup>	<input checked="" type="checkbox"/>
10/8/10	ID# (CK#)	Dr. F.W. Nesbit 707 N. Poplar St. Creston, IA 50801		25 <sup>00</sup>	<input checked="" type="checkbox"/>
10/8/10	ID# (CK#)	Ed Knuth 901 E. Irving St. Creston, IA 50801		200 <sup>00</sup>	<input checked="" type="checkbox"/>
10/8/10	ID# (CK#)	Robert Arnold 301 Summit St. Shannon City, IA 50861		50 <sup>00</sup>	<input checked="" type="checkbox"/>
10/8/10	ID# (CK#)	Richard Ide 1854 240th St. Shannon City, IA 50861		35 <sup>00</sup>	<input checked="" type="checkbox"/>

SUB-TOTAL

\$530<sup>00</sup>

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTS

☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Dennis Brown for Supervisor

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/8/10	ID# CK#	Allen Rager 1454 150th St. Creston, IA 50801		\$ 50 <sup>00</sup>	<input checked="" type="checkbox"/>
10/8/10	ID# CK#	Ellen Brown 1445 US Hwy 34 Creston, IA 50801	Mother	50 <sup>00</sup>	<input checked="" type="checkbox"/>
10/8/10	ID# CK#	Charles Taylor 1110 N. Cedar St. Creston, IA 50801		50 <sup>00</sup>	<input checked="" type="checkbox"/>
10/8/10	ID# CK# Cash	Susan Young 2174 230th St. Apton, IA 50830		50 <sup>00</sup>	<input checked="" type="checkbox"/>
10/8/10	ID# CK# Cash	Jack Keuter 2073 US Hwy 34 Creston, IA 50801		20 <sup>00</sup>	<input checked="" type="checkbox"/>
10/12/10	ID# CK# Cash	Lyle School 1386 Osage St. Ext Creston, IA 50801		20 <sup>00</sup>	<input checked="" type="checkbox"/>
10/12/10	ID# CK# Cash	Allen Weir 2284 195th St. Apton, IA 50801		50 <sup>00</sup>	<input checked="" type="checkbox"/>
10/12/10	ID# CK# 13406	Randall Roghair 1011 Crest Dr. Creston, IA 50801		25 <sup>00</sup>	<input checked="" type="checkbox"/>
10/12/10	ID# CK# Cash	Dave Cunningham 500 E. Filmore St. Apton, IA 50830		200 <sup>00</sup>	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 515<sup>00</sup>

TOTAL (if last page of this schedule)

\$ 2380<sup>00</sup>

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(for Schedule A)